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36802 7590 01/04/2007 PACESETTER, INC. 15900 VALLEY VIEW COURT SYLMAR, CA 91392-9221					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
51 LIVIAR, CA 91392-9221					Melinda E. Hallmark			(Depositor's name)
			e-filed	<u> </u>	arriiar k	(Signature)		
		03-22-2007				(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE			IRST NAMED INVENTOR ATTORNEY DOCKET NO				CONFIRMATION NO.
10/606,299	10/606,299 06/24/2003			Xiaoyi Min A03P1046US01				
TITLE OF INVENTION: SYSTEM AND METHOD FOR DETECTING CARDIAC ISCHEMIA BASED ON T-WAVES USING AN IMPLANTABLE MEDICAL DEVICE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUI	E PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0		\$0		\$1400	04/04/2007
EXAMINER		ART UNIT	CLASS-SUBCLAS	CLASS-SUBCLASS				
KAHELIN, MICHAEL WILLIAM 3762			600-510000				·	
1. Change of correspond CFR 1.363).	(37 2. For printing or	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys						
Change of corresp Address form PTO/S	or agents OR, alt	or agents OR, alternatively,						
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	registered attorned 2 registered pater	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PACESETTER, INC. Sylmar, California								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XXI Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 160068 (enclose an extra copy of this form).								
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